2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001125

FILED Jan 06, 2005 Secretary of State

Entity Name: NATIONAL ENERGY RATERS ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 12339 CARROLL AVENUE ROCKVILLE, MD 20852 **Current Mailing Address: New Mailing Address:** 12339 CARROLL AVENUE ROCKVILLE, MD 20852 FEI Number: 59-3559709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KETTLES, COLLEEN 101 COVÉ LAKE DRIVE US LONGWOOD, FL 32779 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition STROER, DENNIS Name: KATZ, MYRON Name: 230 DARTMOUTH ROAD Address: 302 WALNUT Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: NEW ORLEANS, LA 70118 Title: DVP () Delete Title: () Change () Addition RALD, CARL Name: Name: Address: 4004 S PARK AVENUE, BLDG 1 Address: City-St-Zip: TUCSON, AZ 85714 City-St-Zip: Title: () Delete Title: () Change () Addition SCANLON, GEORGE Name: Name: Address: 7360 FC 48 Address: City-St-Zip: CENTER HLL, FL 33514 City-St-Zip: Title: DP () Delete Title: (X) Change () Addition KATZ, MYRON Name: Name: STROER, DENNIS 230 DARTMOUTH ROAD Address: 302 WALNUT Address: City-St-Zip: NEW ORLEANS, LA 70118 City-St-Zip: VENICE, FL 34293 Title: DV () Delete Title: (X) Change () Addition IDACAVAGE, JOE IDACAVAGE, JOE Name: Name: 77 HICKORY AVE 77 HICKORY AVE Address: Address: City-St-Zip: MANTUA, NJ 08051 City-St-Zip: MANTUA, NJ 08051 Title: () Delete Title: () Change () Addition KLAHN, ROBERT Name: Name: Address: 540 DAYTON ST. Address: YELLOW SPRINGS, OH 45387 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON KATZ D/P 01/06/2005